

KENTUCKY REGISTRY OF ELECTION FINANCE

140 Walnut Street

Frankfort, Kentucky 40601

(502) 573-2226

FAX (502) 573-5622

**PERMANENT COMMITTEE (PAC)
ELECTION FINANCE STATEMENT
COVER PAGE**

1. PAC Name and Mailing Address:

PAC Acronym (if applicable):

2. KY Registration Number:
(Identification Number)

OFFICE USE ONLY

6. This Statement Covers:

From: _____
Month - Day - YearTo: _____
Month - Day - Year

3. Chairman's Name and Mailing Address:

Daytime Phone #: (_____) _____ - _____

4. Treasurer's Name and Mailing Address:

Daytime Phone #: (_____) _____ - _____

5. Custodian's Name and Mailing Address:

Daytime Phone #: (_____) _____ - _____

Type of Statement:

7 a. ☐ Quarterlyb. ☐ Termination _____
Month - Day - Yearc. ☐ Amendment for _____
(Indicate which report is being amended)**NOTE: USE ONLY THOSE PAGES WHICH
APPLY TO YOUR PAC.****YOU MAY DUPLICATE SCHEDULES AS
NEEDED.**If you have had no activity **between reporting periods**,
complete Cover Page and Summary Page. Enter -0- in
receipts, enter -0- in expenditures, and ending balance
from last report.

8. Verification: I certify that I have examined this Election Finance Statement and to the best of my knowledge and belief it is true, correct, and complete.

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of KRS 121.990.

Chair/or

Treasurer: _____ Date: _____
Type or Print Name Authorized Signature Month - Day - Year